

Per concession

400000061786

## Work Order ID 159672

Monday, April 17, 2017 12:59:23 PM

\*159672\*

U/R Page 1

Item ID: 6F9540V00231

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID: URF 16-692



Stop

\*NS2\*

Item Name: AW169 Lower Cutter Installation Assembly

Start Date: 5/2/2017 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 5/5/2017 Req'd Qty: 1.00

\*1\*

Customer:

Reference: SCHEDULED/U

Approvals: Process Plan:  Date: APR 17 2017

Tooling:

Date:

Run Start

\*NR1\*

QC:  Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

DAS

APR 18 2017

D169-841

B Per concession 400000061786 6/14/18

100

0.00

\*100\*

DOCUMENT CONTROL

DC

Memo

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile per PPP D169-841-015 chg002 and create labels per 6F9540V00231 CHG002

DAS

28

JUN 2 2017

110

Pick Kit

0.00

\*110\*

Packaging

Memo

0.00

Packaging

F.A.I.R. COMPLETION  
REQUIREDMATERIAL CERTIFICATION  
REQUIRED

APR 20 2017

DAS

6

2.89

DAS

27

9-89

120

QC4- 100% Inspect kits for completeness

0.00

\*120\*

QC

Memo

0.00

Quality Control

ARC must be created by QA

ARC must contain concession number.

All parts must be identified w/ concession number.

FAIR must be created.

QC APPROVAL

ONLY

POSITIVE RECALL

EFFECTIVE 1/14/18 AUTH

RELEASE DATE

Concession 400000061786

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                    |  |
| <div style="color: blue; font-size: 24px; opacity: 0.5;">DQA<br/>85<br/>7.6</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator<br>Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                 |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : _____                                   |  |

**Work Order ID 159672****\*159672\***

Page 2

Monday, April 17, 2017 12:59:23 PM

**Item ID:** 6F9540V00231 **Accept** **\*N900040100\*** **Setup Start** **\*NS1\***  
**Revision ID:** URF 16-692 **Stop** **\*NS2\***  
**Item Name:** AW169 Lower Cutter Installation Assembly  
**Start Date:** 5/2/2017 **Start Qty:** 1.00 **\*1\*** **Cust Item ID:**  
**Required Date:** 5/5/2017 **Req'd Qty:** 1.00 **\*1\*** **Customer:**  
**Reference:** SCHEDULED/U

**Approvals:** **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Run Start** **\*NR1\***  
**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Stop** **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty     | Reject<br>Qty     | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|-------------------|-------------------|------------------|----------------|
| 130                            |                                                        | 0.00                 |         |        |              |                   |                   |                  |                |
| <b>*130*</b>                   | Packaging                                              |                      |         |        |              | DAS<br>27<br>9-89 |                   |                  |                |
| Packaging                      | <b>Memo</b>                                            | 0.00                 |         |        |              |                   |                   |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP 6F9540V00231 |                      |         |        |              |                   |                   |                  |                |
|                                |                                                        |                      |         |        |              |                   |                   |                  |                |
|                                |                                                        |                      |         |        |              |                   |                   |                  |                |
|                                |                                                        |                      |         |        |              |                   |                   |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |                   | DAS<br>21<br>9-89 |                  |                |
| <b>*140*</b>                   |                                                        |                      |         |        |              |                   |                   |                  | JUN 02 2017    |
| QC                             | <b>Memo</b>                                            | 0.00                 |         |        |              |                   |                   |                  |                |
| Quality Control                |                                                        |                      |         |        |              |                   |                   |                  |                |

JUN 02 2017

DAS  
21  
9-89

JUN 02 2017



JUN 02 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

# Picklist Print

Monday, April 17, 2017 12:59:22 PM

Page 1

Work Order ID: 159672

**\*159672\***

Parent Item: 6F9540V00231

**\*6F9540V00231\***

Parent Item Name: AW169 Lower Cutter Installation Assembly

Start Date: 5/2/2017

Required Date: 5/5/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 13.11.13 NEW ISSUE DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D169-841-015                    |                        | Manufactured  | No          |                     |                  |                 | Each               | 0.0000         |             | 1            |               |                |        |

**\*D169-841-015\***

AW169 Lower Cutter

**\*\***

159675 APR 20 2017

DAS 6 27 8-46

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |              |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |              |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |              |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Completed By |  |
|                                                              |  |                                                                                                                                                                                    |  | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                   |              |  |

  

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Misabeled             | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |



|                                                                                                                                                                                                |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------|--|
|                                                                                                                |                                     | <b>Supplier Concession</b>                                               |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               | <b>PAGE</b><br>1 of 2                                                      | <b>PLANT</b><br>Leonardo Helic. - Vergiate |  |
| <b>Supplier NC N.</b>                                                                                                                                                                          | AWC 006/01                          |                                                                          | <b>Date</b>                                    | 02.02.2017                                  |                                                                                                                                                                                                                                                                                                                                                                               | <b>AW Concession</b>                                                       | 400000061786                               |  |
| <b>P/N</b>                                                                                                                                                                                     | 6F9540V00231                        |                                                                          | <b>Grade/Category</b>                          | NC                                          |                                                                                                                                                                                                                                                                                                                                                                               | <b>Purchase Order</b>                                                      | 4801373666                                 |  |
| <b>Part Description</b>                                                                                                                                                                        | PROTECTR, CCP ASSY LOWER            |                                                                          | <b>Batch Quantity</b>                          | 20,000                                      |                                                                                                                                                                                                                                                                                                                                                                               | <b>Defective Quantity</b>                                                  | 20,000                                     |  |
| <b>AW NC</b>                                                                                                                                                                                   | GUIDO BRUSCINO                      |                                                                          | <b>A/C Type/Model</b>                          | AW6                                         |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Supplier</b>                                                                                                                                                                                | DART AEROSPACE LTD                  |                                                                          | <b>Contract</b>                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Defect FO01 - Wrong dimensions -</b><br>* 02.02.2017 09:40:16 GUIDO BRUSCINO (40067)<br>* see supplier document attached - B/N quantities and PO's listed in the                            |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Cause of Defect</b>                                                                                                                                                                         |                                     |                                                                          | <b>Repetitiveness (same P/N - Defect Code)</b> |                                             |                                                                                                                                                                                                                                                                                                                                                                               | NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Follow |                                            |  |
| <b>ENGINEERING Evaluation and Proposal</b>                                                                                                                                                     |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Engineering Evaluations, including Specialist inputs:</b><br>* 10.02.2017 18:01:48 MARCELLO STEFANELLI (9273)<br>* The part is acceptable with the action proposed by the supplier applied. |                                     |                                                                          | <b>Investigation Report n.</b>                 |                                             |                                                                                                                                                                                                                                                                                                                                                                               | <b>Compliance Report n.</b>                                                |                                            |  |
| <b>Classification of Deviation from Type Design i.a.w. EASA Part 21A.91 :</b> Minore/B                                                                                                         |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Defect effect</b>                                                                                                                                                                           |                                     |                                                                          |                                                | <b>Limitations</b>                          |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
|                                                                                                                                                                                                | <b>Before Repair</b>                |                                                                          | <b>After Repair</b>                            |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| Safety                                                                                                                                                                                         | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | YES (to specificity) <input checked="" type="checkbox"/> NO                |                                            |  |
| Life or Duration                                                                                                                                                                               | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Strenght                                                                                                                                                                                       | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Performances                                                                                                                                                                                   | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Interchangeability                                                                                                                                                                             | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Reliability                                                                                                                                                                                    | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Maintainability                                                                                                                                                                                | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Installability                                                                                                                                                                                 | <input checked="" type="checkbox"/> | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                            |  |
| Testability                                                                                                                                                                                    | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| Only Appearance                                                                                                                                                                                | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| No Effect                                                                                                                                                                                      | <input type="checkbox"/>            | YES                                                                      | <input type="checkbox"/>                       | YES                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                            |  |
| <b>Repair Proposal:</b>                                                                                                                                                                        |                                     |                                                                          |                                                |                                             | <b>Decision</b>                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| * 10.02.2017 18:01:48 MARCELLO STEFANELLI (9273)<br>* See attached supplier document.                                                                                                          |                                     |                                                                          |                                                |                                             | <input type="checkbox"/> Use rep. with spec.repair(not yet applied)<br><input checked="" type="checkbox"/> Use repaired with known repair(yet applied)<br><input type="checkbox"/> Use As Is<br><input type="checkbox"/> Use repaired for tests only(see Limitations)<br><input type="checkbox"/> Use As Is for tests only(see Limitations)<br><input type="checkbox"/> Scrap |                                                                            |                                            |  |
| <b>Concession Classification</b>                                                                                                                                                               |                                     | <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR |                                                | <b>Re-submit after Repair</b>               |                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO        |                                            |  |
| <b>Mark part with Concession</b>                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES      |                                                | <b>Method :</b>                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>ATE</b>                                                                                                                                                                                     | MARCELLO STEFANELLI                 |                                                                          | <b>CPE</b>                                     |                                             |                                                                                                                                                                                                                                                                                                                                                                               | <b>Date</b>                                                                | 10.02.2017                                 |  |
| <b>Checks and tests to be performed</b>                                                                                                                                                        |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Repair registration</b>                                                                                                                                                                     |                                     | with repair WO                                                           |                                                | <input checked="" type="checkbox"/> Number: |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Repair Evaluation:</b>                                                                                                                                                                      |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Final Decision</b>                                                                                                                                                                          |                                     |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>S/N</b>                                                                                                                                                                                     | <b>Use As Is (UTI)</b>              | <b>Use Repaired (R/L)</b>                                                | <b>Scrap (SCA)</b>                             | <b>S/N</b>                                  | <b>Use As Is (UTI)</b>                                                                                                                                                                                                                                                                                                                                                        | <b>Use Repaired (R/L)</b>                                                  | <b>Scrap (SCA)</b>                         |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
|                                                                                                                                                                                                | <input type="checkbox"/>            | <input type="checkbox"/>                                                 | <input type="checkbox"/>                       |                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                   | <input type="checkbox"/>                   |  |
| <b>Not Serialized</b>                                                                                                                                                                          | <b>Use As Is (Q.ty)</b>             |                                                                          | <b>Use Repaired (Q.ty)</b>                     |                                             | <b>Scrap (Q.ty)</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                            |  |
| <b>Role</b>                                                                                                                                                                                    | <b>AW ATE</b>                       | <b>AW CPE</b>                                                            | <b>Inspection Clearance Repair</b>             | <b>Quality</b>                              | <b>Customer</b>                                                                                                                                                                                                                                                                                                                                                               | <b>MoD or Authority Representative</b>                                     |                                            |  |
| <b>Signature</b>                                                                                                                                                                               | MARCELLO STEFANELLI                 |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |
| <b>Date</b>                                                                                                                                                                                    | 10.02.2017                          |                                                                          |                                                |                                             |                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                            |  |

|                                                                                 |            |                            |            |           |              |                       |                                            |
|---------------------------------------------------------------------------------|------------|----------------------------|------------|-----------|--------------|-----------------------|--------------------------------------------|
|  |            | <b>Supplier Concession</b> |            |           |              | <b>PAGE</b><br>2 of 2 | <b>PLANT</b><br>Leonardo Helic. - Vergiate |
| <b>Supplier NC N.</b>                                                           | AWC 006/01 | <b>Date</b>                | 02.02.2017 | <b>AW</b> | 400000061786 | <b>Purchase Order</b> | 4801373666                                 |
| <b>DEFECT 0001</b> <b>FO01</b> <b>Wrong dimensions</b>                          |            |                            |            |           |              |                       |                                            |
| attachment                                                                      |            |                            |            |           |              |                       |                                            |
|                                                                                 |            |                            |            |           |              |                       |                                            |



|  <b>AgustaWestland</b><br>A Finmeccanica Company                                                                                                                                                                                                                                                                                                                                                                    |                   | <b>CONCESSION</b>                                                                     |                                                                                                                                                                                                                                                                                      |            |       | Pag.<br>1 of 2   |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|------------------|------------------------------------------------------------------------------------------------|------------|-----------|-----------|------|---------|-------------------|---------------------------------------------------------------------------------------|------------|
| Manuf. Doc. N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AWC 006           | Date                                                                                  |                                                                                                                                                                                                                                                                                      | AW Doc. N. |       | Purchase Order   | 4800671131<br>4800722284<br>4801147764<br>4801186922<br>4801218851<br>4801288960<br>4801373666 |            |           |           |      |         |                   |                                                                                       |            |
| AW P/N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6F9540V00231      | S/N / Batch Number                                                                    | B109195 Qty. (1)<br>B133355 Qty. (2)<br>B134314 Qty. (1)<br>B134315 Qty. (1)<br>B134842 Qty. (1)<br>B137492 Qty. (1)<br>B137355 Qty. (2)<br>B137816 Qty. (1)<br>B137818 Qty. (1)<br>B137817 Qty. (1)<br>B140379 Qty. (3)<br>B140381 Qty. (2)<br>B147002 Qty. (2)<br>B150786 Qty. (1) | Grade      | A     | AW Drawing Issue | B                                                                                              |            |           |           |      |         |                   |                                                                                       |            |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Lower Cutter Assy |                                                                                       |                                                                                                                                                                                                                                                                                      | Batch Qty  | 20    | Defective Qty    | 20                                                                                             |            |           |           |      |         |                   |                                                                                       |            |
| Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dart Aerospace    |                                                                                       |                                                                                                                                                                                                                                                                                      | Model      | AW169 |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Defect(s) Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| <p>Leonardo has informed Dart that there are interference issues installing the lower cable cutter D4842-041 onto the Leonardo Interface bracket.</p> <table border="1" style="width: 100%;"> <tr> <th>Department</th> <th>Inspector</th> <th>Signature</th> <th>Date</th> </tr> <tr> <td>Quality</td> <td>DAS<br/>16<br/>9-89</td> <td></td> <td>2017/02/01</td> </tr> </table>                                |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       |                  |                                                                                                | Department | Inspector | Signature | Date | Quality | DAS<br>16<br>9-89 |  | 2017/02/01 |
| Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Inspector         | Signature                                                                             | Date                                                                                                                                                                                                                                                                                 |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DAS<br>16<br>9-89 |  | 2017/02/01                                                                                                                                                                                                                                                                           |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Defect(s) Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| <p>The Lower Cutter body has a dimension of 10.9 +0.25/-0.00 mm. This dimension was reported as part of the approved FAI and has been met with all delivered product.</p> <table border="1" style="width: 100%;"> <tr> <th>Department</th> <th>Inspector</th> <th>Signature</th> <th>Date</th> </tr> <tr> <td>Quality</td> <td>DAS<br/>16<br/>9-89</td> <td></td> <td>2017/02/01</td> </tr> </table>            |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       |                  |                                                                                                | Department | Inspector | Signature | Date | Quality | DAS<br>16<br>9-89 |  | 2017/02/01 |
| Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Inspector         | Signature                                                                             | Date                                                                                                                                                                                                                                                                                 |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DAS<br>16<br>9-89 |  | 2017/02/01                                                                                                                                                                                                                                                                           |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Corrective Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       | Complete Before  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| <p>In order to mitigate the interference issue for Leonardo, Dart is proposing to remove sufficient material to make the overall installation dimension at 22.15 mm +0.05/-0.35.</p> <table border="1" style="width: 100%;"> <tr> <th>Department</th> <th>Inspector</th> <th>Signature</th> <th>Date</th> </tr> <tr> <td>Quality</td> <td>DAS<br/>16<br/>9-89</td> <td></td> <td>2017/02/01</td> </tr> </table> |                   |                                                                                       |                                                                                                                                                                                                                                                                                      |            |       |                  |                                                                                                | Department | Inspector | Signature | Date | Quality | DAS<br>16<br>9-89 |  | 2017/02/01 |
| Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Inspector         | Signature                                                                             | Date                                                                                                                                                                                                                                                                                 |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |
| Quality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DAS<br>16<br>9-89 |  | 2017/02/01                                                                                                                                                                                                                                                                           |            |       |                  |                                                                                                |            |           |           |      |         |                   |                                                                                       |            |

**For "MANUFACTURER" SUPPLIERS ONLY**
**ENGINEERING evaluation and proposal**

Engineering evaluation

Investigation report

n.....

Compliance report

n.....

**Dart's position is that this change will not impact the structural substantiation presented in Report DA169-4 for the lower cutter body since this is not a section with the lowest margin. Therefore removing 0.3 mm max from each part will not impact the structural integrity of the lower cutter assembly. The dimension on the cutter body part D4842-3/-4 will be 10.80 +0.00/-0.200.**

**The dimension change of the two lower cutter body parts mating, plus the sealant, anodize and primer layers will be defined as a dimension of 22.15 +0.05/-0.35 mm on the assembled lower cutterbody and will be incorporated into the D4842 drawing for inspection.**

|                                    | Defect effects                          |                                                                          | Limitations                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | Before any repair                       | After any repair                                                         |                                                                                                                                                                                                                                                                                                                                                                           |
|                                    | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 | <input type="checkbox"/> yes (specify) <input checked="" type="checkbox"/> no                                                                                                                                                                                                                                                                                             |
| Safety                             | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Life                               | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Strength                           | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Performances                       | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Interchangeability                 | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Reliability                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Maintainability                    | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Installability                     | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no      |                                                                                                                                                                                                                                                                                                                                                                           |
| Testability                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| Only aspect                        | <input type="checkbox"/> yes            | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Repair Proposal</b><br><br>None |                                         |                                                                          | <b>Decision to use</b><br><input type="checkbox"/> Use repaired with specific repair<br><input type="checkbox"/> Use repaired with known repair<br><input type="checkbox"/> Use as is<br><input type="checkbox"/> Use repaired for tests (see Limitations)<br><input type="checkbox"/> Use as is for tests (see Limitations)<br><input checked="" type="checkbox"/> Scrap |
| <b>Concession Classification</b>   |                                         | <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor | <b>Submit after repair</b>                                                                                                                                                                                                                                                                                                                                                |
|                                    |                                         | <input type="checkbox"/> yes <input type="checkbox"/> no                 |                                                                                                                                                                                                                                                                                                                                                                           |